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SEAFORD URBAN DISTRICT COUNCIL

ANNUAL REPORT
of the
MEDICAL OFFICER OF HEALTH
for the
YEAR ENDED - 31st DECEMBER, 1949

Public Health Department,
Lewes House,
Lewes.

September, 1950.

LEWES HOUSE,
LEWES,

September, 1950.

To the Chairman and Members of the
Seaford Public Health Committee

Mr. Chairman, Ladies and Gentlemen,

I have the honour to submit the Annual Report on the health of the inhabitants and on the sanitary conditions of the Urban District of Seaford for the year 1949.

As you are all fully aware, the care of the health of the general public is a very full responsibility of your Council and in some respects an issue of practical politics.

Annual Health Reports may make very dry reading, at least as far as statistics are concerned. These statistics, however, form the very basis of the subject and can be used, up to a point, as yardsticks as to the state of Public Health in an area during a particular year.

To the observant and the discerning many a clue concerning the well-being or otherwise of a particular group of people or of a population can be discovered. Many of these clues are often but lightly hidden under the bare statistics, but are easily revealed to those competent to discover them.

The population of Seaford for the year 1949 was estimated by the Registrar-General to be at mid-year 10,260, and at the end of 1949 to be 10,310. The previous highest population was 9,599 in 1939. This declined to its lowest figure 4,822 in 1943. In 1946, the first post-war year, the population was 8,334. From 1946 there was a 23.11% increase of population up to mid-year 1949 and a 23.71% increase up to the end of the latter year.

The increase has been attained more by the inward movement of immigrants into the town than by a natural increase, that is, by an excess of births over deaths. This increase is of significance since it means that more people have come, and are still coming, to live in your Urban District. This addition to the population, mostly adults, consists of either retired or semi-retired persons or those still engaged in some form of occupation or another. Their needs, of course, have to be catered for. It is certain that overcrowding exists to some degree. The chief need, as in nearly all areas in this country, is that of housing. It is known that the domestic upsets arising from housing problems are at present amongst the commonest contributory causes of psychosomatic illnesses - and this form of illness constitutes at least a third of all medicine.

It would appear to be more profitable to expend less public money on spectacles and prescriptions, which are sometimes of doubtful value, and more on reducing frustrations and improving the standard of living. This matter calls for more careful consideration than it appears to have received.

The birth rate for the year was 11.11 for 1,000 population which was less than half the birth rate for 1944, which was 27.60 for 1,000 population

The diminution of a birth rate is due to many factors. These factors are, generally, the postponement of age at marriage; decreased fertility in married women; greater ease of divorce, especially at child-bearing ages; deliberate and voluntary avoidance of child-bearing by restrictive practices, and a large proportion of celibates. There has also been a decrease in the proportion of married women of conceptive ages. No doubt the lengthened time of education and training leads to later marriages. When the wife is employed outside household duties the tendency is to limit the size of a family or have no children at all.

Lack of housing accommodation is the chief reason why, amongst the unmarried, marriages are postponed, and, amongst the married, why there are few or no children in the family.

The family is the unit of the nation. All action, or lack of any action, which might tend to prevent early marriages, to limit the size of families, or to disrupt the home should be avoided in the interests of the nation.

There is an obvious relationship between overcrowding; proper housing accommodation; proper sanitation; playground space, and home environment in general, and maintenance of physical, mental and social wellbeing and efficiency.

Although only proved in general terms, there are bad effects on health caused by chaotic urban development, but mainly these bad effects are mostly caused through lack of houses and overcrowding.

The immediate environment of the family is the home, but the residential neighbourhood and the wider community of which it is part, are increasingin importance every year.

The death rate for the year 1949 was 14.03 for 1,000 population. For this year the Registrar-General has provided an area comparability factor. This factor has been calculated to secure comparability between local death rates. As applied to the death rate (14.03) the comparative mortality rate of 11.36 is given. The latter rate is comparatively low.

A hundred years ago the epidemic diseases were amongst the chief causes of death. Their present relative unimportance as causes of mortality is indeed of great significance and has been due to the revolutionary progress made in the fields of Public Health and curative medicine.

Whereas in 1855 six out of every thousand people died from either typhoid, typhus, small-pox, measles, scarlet fever, whooping cough or diphtheria in this country, the mortality rate has been today reduced to 0.14 per 1,000 population, that is to almost vanishing point.

The mortality from diarrhoeal diseases, including dysentery, was very high a century ago, especially amongst infants. This rate has been reduced now to an almost irreducible minimum.

With the increased speed of present day air and sea travel, an infectious disease, such as small-pox for example, endemic in some countries, can cause havoc amongst a distant population insufficiently protected. A cholera epidemic which ravaged Egypt recently provided a sharp reminder that a disease endemic in Bengal and the Yantze Valley can reach out and strike a distant population inadequately guarded. Recently, imported small-pox via a member of a ship's crew caused a serious out-break of the disease in this country. The price of safety is eternal vigilance plus adequate preventive measures taken beforehand, such as vaccination and unremitting attention to other factors in defence.

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Many factors have played their part in reducing the relative importance of infectious diseases as instruments of death. As one example, diphtheria has been virtually wiped out in your area by immunisation. Scarlet fever is, nowadays, a mild disease compared with its virulent attacks seventy years ago with a fatality rate then of ten per cent. Although there is much reason for satisfaction there is none for complacency. Scarlet fever, in the main a mild disease today, may by mutation of the causal micro-organisms resume its previous virulence. Cases of moderate severity have occurred in the writer's practice recently, and this may be the first faint warning of a mutation in the causal agent of the disease.

It is well known by the intelligent amongst the general public that proper sanitation has deprived the bacillus of typhoid fever of its means of spread.

Developments of immunology and in therapy have effected, generally, far greater protection and have greatly reduced the number of deaths from infectious diseases.

Although this country is in a state of comparative quiescence as regards infectious disease attacks, local outbreaks do occur and have occurred in recent years. Vigilance cannot be afforded to be relaxed, and there is no place for carelessness at any time.

The present low rate of mortality from infectious diseases for this country generally cannot be hazardously assumed to continue as these diseases are subject to wide fluctuations as regards incidence and virulence of their causal agents.

The fact that there has been no case of diphtheria in Seaford since 1946 has been due to large scale immunisation. This freedom should not breed complacency, rather it should encourage parents and guardians to have the children under their care immunised. If the children have been already immunised they should receive a small re-inforcing dose of diphtheria prophylactic before or shortly after, starting school. This dose boosts the protective substance in the child's body and thus makes ample and longer protection against contracting diphtheria in later years.

Six cases of scarlet fever notified during the year were of the mild variety. Three of the cases were sent to hospital for treatment. All made uneventful recoveries.

During the year fourteen cases of whooping cough were notified in Seaford. Recent trials of Pertussis Vaccine have shown its efficacy in reducing the incidence and severity of whooping cough.

The number of measles cases notified in 1949 (229) weighted the total number of all infectious diseases (256) notified in the same period. Measles is one of the infections caused by a virus. It is much more frequent in the young, but it is a mistake to regard it merely as a child's disease. The reason why there are usually more cases of measles than of other infectious diseases amongst a community is because the infectivity is so high that but few escape an attack when exposed to actual cases who are most capable of disseminating infection before the rash appears.

Isolation of every case of measles in hospital is impracticable both from the point of view of the fact that there would not be enough hospital beds for all cases and for the reason that hospitalisation of all cases can do practically nothing to check the spread of the disease as the damage has usually already been done by the actual cases before the rash appears. Cases with bad home surroundings where adequate nursing cannot be given, or where grave complications such as pneumonia might supervene, are best sent to hospital.

Two cases of poliomyelitis were notified during the year. Both cases were sent to the Eastbourne Infectious Diseases Hospital. One of the cases, a child of 4½ years, recovered and was left with a partial disablement, the other, a man of 32 years, unfortunately died.

Fifty-seven samples of ice-creams were submitted for bacteriological examinations in 1949. The bacteriological control of ice-cream supplies is as important as that of milk, in view of the increasing quantity produced and consumed annually, together with the ease with which the product may be contaminated. The test to which the fifty-seven samples were submitted was the Methylene-Blue test. This method of assessing the bacterial quality of ice-cream consists of adding a small quantity of ice-cream to a solution of methylene-blue in a test tube. The majority of organisms in ice-cream are capable of altering the oxidation-potential of the liquid to a point at which the blue colour of the solution is discharged. The rate at which this change takes place varies considerably and is related to the species of organisms present, their rate of growth and activity at any one temperature. Broadly, the greater the number of organisms in a given quantity of ice-cream and the more active they are, the shorter will be the time required for the reduction of the blue colour and the worse the sample will be in bacteriological quality. This test is not a method of enumerating the bacterial population of a sample of ice-cream, but it is rather a test of the activity of the bacteria at any particular time.

The test possesses certain advantages - the quality of a given sample may be determined in a few hours; it can be carried out without employing highly scientific methods, control can be exercised at low cost, where laboratory facilities are limited, and it is fairly fool-proof if the prescribed precautions necessary to be observed are strictly carried out. On the other hand, there are some disadvantages. The test is not sufficiently sensitive to allow of any close differentiation between different grades of ice-cream. The temperature at which the ice-cream sample is held (37°C) is not an ideal one for the growth of all types of organisms which may be in the sample, therefore the reduction period does not give a true indication of this activity. There are other disadvantages to this rough and ready test but it is much cheaper to carry out than a bacteriological plate count. The latter used as an adjunct to the methylene-blue test has revealed in some instances remarkable results. Samples which would have passed the test alone, when subjected to a plate count would be rejected. It would appear that it might be advisable to use the plate count method in certain cases, such as in samples persistently bad from one source and in other samples where it is suspected they have been exposed to contamination. High bacterial counts in ice-cream samples are due to poor quality materials, improper processing, dirty and unsterilised equipment and carelessness of those employed in any way in the making and storing, packing and selling of the ice-cream. Of the fifty-seven samples submitted to the methylene-blue test 31 were Grade I, 9 were Grade II, 4 were Grade III and 13 were Grade IV. Those in Grade I can be classified as very good, in Grade II good to doubtful, in Grade III doubtful to poor and in Grade IV totally unsatisfactory.

Bacterial standards are fixed in other countries but apart from the rough and ready grading of the ice-cream samples by the methylene-blue test, proper bacterial plate count tests are not generally used. This is unfortunate, since an established bacterial standard which could be legally enforced would do much to simplify matters and help to ensure that the Public would obtain a high grade ice-cream, carefully and efficiently manufactured, stored and sold. A standard suggested for the finished article after completed production, is one where the bacterial count is fixed at a total not exceeding 50,000 organisms per cubic centimetre with bacillus coli entirely absent. This standard should be easy to obtain, since efficiently pasteurised milk without the advantages of storing and distribution at temperatures below freezing point, rarely exceeds these limits. In Queensland such a legal standard is fixed. In Belgium a high standard is enforced. The total bacterial count must not exceed 5,000 per c.c. and there must be no liquefying colonies, intestinal or pathogenic organisms in the ice-cream. This country lags sadly behind in the steps taken to protect ice-cream from contamination.

One application for a licence for the use of land as a site for moveable dwellings was granted during the year. The site on Hawth Hill although licenced for seventy-five caravans was only partially used during the season. The conditions of the licence were duly observed and the camp was very well conducted.

During the year under review twelve cases of pulmonary and two cases of non-pulmonary tuberculosis were notified. Unless the incidence of tuberculosis is known prophylactic and curative measures cannot be integrated to the fullest advantage. The Public Health Department plays its part in publishing the incidence of and mortality from tuberculosis and thus outlines the extent and trend of the disease. In three aspects - detection, prevention and treatment - rapid advances have been made in the last twn years. Four deaths occurred due to pulmonary tuberculosis and no death was registered as due to non-pulmonary tuberculosis.

Chemotherapy has made the most dramatic advance in the field of treatment, there has been allied to it an increasing scope for surgery. As dramatic as the introduction of streptomycin has been that of calciferol for the treatment of lupus vulgaris. Treatment by chemotherapy and bu surgery combined, has effected striking cures in cases of genito-urinary tuberculosis. More cases of tuberculosis have been found recently. This has been due to overcrowding and to lack of houses, and improved methods of diagnosis of cases and detection of likely early cases who have been contacts, have revealed more cases than at first suspected.

Mass miniature radiography has helped to reveal the unsuspected and the early and thus more easily treatable cases.

Summing up, the main features of the Report are, the increase of the population of the town, the Birth Rate for 1949 was less than the death rate for the first time since 1943, the incidence of infectious diseases was light apart from measles, environmental hygiene remained good excepting for the unfortunate conditions which were due to lack of housing. Maternal Mortality was nil. Infantile Mortality was low and about half that of England and Wales for the same year. The tuberculosis death rate was less than that generally throughout the country. There were no deaths from infectious diseases. It should be noted that the mortality from infectious diseases has been returned in successive recent years as nil. This has been mainly due to more effective control and treatment, and may be marked as an advance in preventive medicine, which is in fact Public Health.

In conclusion I wish to thank you for for your encouragement and support during the year. I am grateful for the courtesy and help I received from other officials of the Council. My thanks are also due to the general practitioners of the area for their collaboration with the Public Health Department and to the Public Health Staff for their willing and loyal co-operation.

I am Mr. Chairman, Ladies and Gentlemen,

Yours obediently,

G. M. D. S. B. LOBBAN

M.B., Ch.B., D.P.H.
F.R.S.I.
etc.

Medical Officer of Health

SECTION I

STATISTICS OF THE AREA - 1949

Area (in acres)	4,274
Population (estimated)	10,260
Rateable Value (1st April, 1949) ...	123,811
Sum represented by a penny rate	£ 500

EXTRACTS FROM VITAL STATISTICS

LIVE BIRTHS	Male	Female	Total	Rate per 1,000 population
Legitimate	53	55	108	
Illegitimate	3	3	6	11.11
			114	
DEATHS	65	79	144	14.03
				Rate per 1,000 Live and Still Births
Number of women dying in, or in consequence of, childbirth		0	0	0.00
				Rate per 1,000 Live births
INFANTILE MORTALITY (deaths under 1 year of age)	2	0	2	17.54

POPULATION

The Registrar-General's estimate of the population is 10,260. The population and vital indices of Seaford for the last 12 years are as follows:-

Year	Population	Vital Index	Year	Population	Vital Index
1938	9,069	87.00	1944	5,231	117.74
1939	9,599	68.64	1945	6,450	137.50
1940	8,133	72.13	1946	8,334	175.82
1941	4,989	80.89	1947	8,951	140.77
1942	5,055	62.26	1948	9,730	111.30
1943	4,322	97.84	1949	10,260	79.17

The population figure of 10,260 recorded for 1949 is the highest ever attained in the district and shews a welcome recovery from the very great drop in population which took place during the war years. The highest pre-war and post-war figures previously recorded were respectively 9,599 in 1939 and 9,730 in 1948. It may thus fairly be said that the last World War completely stopped for a period of ten years, the previous steady increase in the population of Seaford.

The vital index shewn in the table is arrived at by dividing the number of births during the year in the area under review by the number of deaths and multiplying the result by a hundred. The figure thus obtained is a measure of the population's biological condition and any such figure above a hundred shews that births in the area have more than compensated for the deaths which have taken place during the same period. Similarly, any figure below a hundred shews that the reverse is the case and the condition of the population is not biologically sound.

For the first time for six years the number of deaths during the year has exceeded the number of births and, biologically at least, there has been no increase in population. Other factors, such as an excess of immigrants into, over emigrants from, the town have a considerable effect on the population figure, but it is the birth and death rates which are of the greatest importance in the natural development of any district. So far as Seaford is concerned, it is a matter for congratulation that the vital index is so often a favourable one, as the natural advantages of the town encourage many elderly and retired persons and people suffering from ill-health to take up residence in the town and in those circumstances it is only natural that the death rate should be comparatively high.

There is no doubt that one of the main reasons for the considerably lowered vital index figure is the fact that conditions at the present time are such that many couples are very reluctant to undertake the responsibilities of parenthood. The economic and political situations no doubt each have their place in leading so many to come to this decision, but by far the most important factor is the present unsatisfactory housing situation. As in most areas, the housing accommodation available in this District is insufficient to house adequately the present population and the fact that as families increase in size it is almost impossible to obtain more commodious accommodation is without doubt the most significant factor in bringing about the current drop in the birth rate.

To improve the present position with regard to housing in the area it is necessary for the most energetic efforts to be made at all levels. Every effort must be made to make the best possible use of accommodation at present available, to ensure that properties are kept in the best possible condition and to build new houses whenever this is possible. It is only by thus tackling the problem at its source that young couples can be encouraged to assume their full responsibilities to the community.

BIRTH RATE

The birth rate for the year under review was 11.11 per 1,000 population. This is less than the birth rate for England and Wales for the same period, which was 16.70 per 1,000 population. The annual birth rates for Seaford for 1944 to 1948 were 27.60, 20.46, 19.19, 16.28 and 14.08 respectively. The considerable decline in the birth rate is due to a multiplicity of factors the most important being the customary gradual return to lower annual birth rates from the increased annual birth rates usual towards the end of a war of some duration, the present uncertain state of international politics and the unsatisfactory housing position.

DEATH RATE

The death rate for Seaford for the year 1949 was 14.03 per 1,000 population. The death rate for England and Wales for the same period was 11.70 per 1,000 population. The annual death rates for Seaford for 1945 to 1948 were 14.88, 10.91, 11.15 and 12.64 respectively.

The fact that the death rate for the district is higher than for the Country as a whole is explained by the comparatively large proportion of the population which is composed of elderly persons who have chosen Seaford as a suitable spot in which to spend their years of retirement and of invalids who have moved to Seaford owing to the health-giving properties of its climate.

AGES OF DEATH

The highest age of death was .... 96 years
The lowest age of death was .... 12 hours
The average age of death was .... 69 years

CAUSES OF DEATH

	Male	Female	Total
Heart Diseases	18	21	39
Cancer	7	17	24
Intra-cranial Vascular Lesions	10	10	20
Other diseases of the Circulatory System	3	5	8
Bronchitis	5	2	7
Other violent causes	1	5	6
Diabetes..	1	4	5
Nephritis	4	1	5
Tuberculosis of Respiratory System ..	3	1	4
Other respiratory diseases	1	1	2
Congenital Malformation, Birth injury and infant disorders	2	0	2
Suicide	1	1	2
Syphilitic Diseases	-	1	1
Poliomyelitis	1	-	1
Pneumonia	0	1	1
Other digestive diseases	0	1	1
All other causes	8	8	16
	65	79	144

Heart Disease and Diseases of the Circulatory System

As happens in most years, heart disease and other diseases of the circulatory system head the yearly mortality list for the Urban District. It is not to be expected that any considerable reduction in the death rate from heart disease will be effected if, in fact, any reduction at all can be brought about, for, to state the matter as simply as possible, cures are found for more and more of the diseases which for centuries past have killed thousands every year and the lives so saved cannot continue for ever. Ultimately the heart becomes exhausted or diseased, death ensues and the lives which a few decades ago would have fallen to the ravages of smallpox, diphtheria, or any one of a score of other complaints, are now recorded as being due to heart disease.

Although, for the reasons stated above, it is not probable that the death rate from this group of ailments will fall, nevertheless many lives are now saved that in years past would have been lost. The improved treatment of rheumatic fever, which in former years often led to heart disease, has enabled this complication to be avoided in many cases and recently great hopes have been extended that new methods of surgical treatment will result in the saving of many lives which formerly would have been lost through mitral stenosis and other forms of heart disease.

Cancer

Much the same can be said of cancer as of heart disease, namely, that as cures are found for an ever-increasing number of diseases that formerly terminated fatally, so the number of deaths due to cancer increases. Of the total number of deaths in the district during 1949, the proportion due to some form of cancer was approximately one-sixth, a smaller proportion than that of last year, which was one-fifth.

The great majority of cases of cancer occur in the second half of life, many of the sufferers being persons well advanced in years. Very early diagnosis and treatment is essential if persons suffering from the disease are to have the maximum chance of recovery, and each year, as medical knowledge is increased and skill improved, the chances of survival become greater.

Intra-Cranial Vascular Lesions

Intra-cranial vascular lesions include cerebral haemorrhage, cerebral embolism, cerebral thrombosis and other lesions. Of the twenty persons who died in Seaford from these causes during 1949, ten were male and ten female and the average age of death was high. The cerebral blood vessels of elderly people are subject to degeneration and are more likely to burst and become blocked than those of young persons. This tendency is increased by the high blood pressure so often induced by the strain of modern life.

VITAL STATISTICS

Birth-rates, Civilian Death-rates, Analysis of Mortality, Maternal Mortality and Case-rates for Certain Infectious Diseases in the year 1949. Provisional figures based on Quarterly Returns

	England and Wales	126 C.B's & Great Towns Including London	148 Smaller Towns (Resident Pop. 25,000 - 50,000 at 1931 Census	London Administrative County	SEAFORD 1949
	Rates per 1,000 Civilian Population				
Births: Live	16.7(a)	18.7	18.0	18.5	11.11
Still	0.39(a)	0.47	0.40	0.37	0.19
Deaths: All Causes	11.7(a)	12.5	11.6	12.2	14.03
Typhoid & Paratyphoid	0.00	0.00	0.00	0.00	0.00
Whooping cough	0.01	0.02	0.01	0.01	0.00
Diphtheria	0.00	0.00	0.00	0.00	0.00
Tuberculosis	0.45	0.52	0.42	0.52	0.39
Influenza	0.15	0.15	0.14	0.11	0.00
Smallpox	0.00	0.00	-	-	-
Acute poliomyelitis & polioencephalitis	0.01	0.02	0.02	0.01	0.09
Pneumonia	0.51	0.56	0.49	0.59	0.09
Notifications (Corrected)					
Typhoid fever	0.01	0.01	0.01	0.01	0.00
Paratyphoid fever	0.01	0.02	0.01	0.01	0.00
Cerebro-spinal fever	0.02	0.03	0.02	0.02	0.00
Scarlet fever	1.63	1.72	1.83	1.46	0.58
Whooping cough	2.39	2.44	2.39	1.70	1.36
Diphtheria	0.04	0.05	0.04	0.07	0.00
Erysipelas	0.19	0.20	0.19	0.17	0.09
Smallpox	0.00	0.00	0.00	0.00	0.00
Measles	8.95	8.91	9.18	8.54	22.32
Pneumonia	0.80	0.91	0.65	0.55	0.39
Acute poliomyelitis	0.13	0.13	0.12	0.18	0.19
Acute polioencephalitis	0.01	0.01	0.02	0.01	0.00
Food poisoning	0.14	0.16	0.14	0.19	0.00
Deaths		Rates per 1,000 Live Births			
All causes under 1 year of age	32(b)	37	30	29	17.54
Enteritis and diarrhoea under 2 years of age	3.0	3.8	2.4	1.7	0.00
Notifications (Corrected)	Rates per 1,000 Total (Live & Still) Births				
Puerperal fever and pyrexia	6.31	8.14	5.30	6.82	0.00

Maternal Mortality in England and Wales

International List No. and cause	Rates per 1,000 Total (Live & Still) Births	Rates per million women aged 15 - 44	SEAFORD Per 1,000 (Live & Still) Births
140 Abortion with sepsis	0.11	8	
141 Abortion without sepsis	0.05	4	0.00
147 Puerperal infections	0.11		
142-146, 148-150. Other maternal causes	0.71		0.00

(a) Rates per 1,000 total population (b) Per 1,000 related live births

SECTION II

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA

Public Health Facilities of the Local Authority

During the period under review the Medical Officer of Health for Seaford also acted as Medical Officer of Health for the Borough of Lewes, the Urban District of Newhaven and the Rural District of Chailey.

Normally one Sanitary Inspector carries out duties in the Urban District of Seaford.

Laboratory Facilities

Until 1st September, 1949, Laboratory Facilities were provided by the Royal Sussex County Hospital, Brighton, but as from that date an important development of the service took place when a Public Health Laboratory temporarily established at the Stephen Ralli Memorial Laboratory, Royal Sussex County Hospital, was opened for the receipt and examination of specimens. The Laboratory undertakes, free of charge, the examination of throat and nose swabs, sputum, faeces, blood and other materials for the diagnosis of a case or a suspected carrier of infectious disease and has already rendered very valuable service. Bacteriological reports on samples of water, milk, food, etc., are also supplied on request.

Ambulance

The first complete year's working of the town ambulance service under the appropriate provisions of the National Health Service Act, 1948, has now been concluded. The provision of this service is the responsibility of the County Council, which houses one ambulance in the town, and by arrangement with the Council office accommodation is provided in the Municipal Buildings for the staff of two drivers. In the event of a further call or calls being received before the ambulance has returned from a previous call, arrangements are in being for the call to be dealt with by other authorities in the area.

Since the 5th July, 1948, the Infectious Diseases ambulance stations serving the area have been at the Hove and at the Hurstpierpoint Isolation Hospitals. The use of the Hove ambulance for this purpose has now been discontinued. Under the provisions of the Ambulance Scheme, general purposes ambulances, if necessary, can be used for the conveyance of infectious disease cases, and provision is made for the subsequent disinfection of any vehicle.

The East Sussex County Council provides facilities for the transfer of tuberculosis patients.

Nursing in the Home

By an arrangement made by the East Sussex County Council under the provisions of Section 28 of the National Health Service Act, 1946, the Seaford and District Nursing Association carry out any necessary home nursing in the district.

Clinics and Treatment Centres

Treatment centres have been provided as previously and an immunisation clinic has been held on the first Thursday of each month at the Nurses' Home, 15 Sutton Road. This has proved very successful and was well attended. The County Council is responsible for these arrangements.

Hospitals

The Hospital Accommodation provided by the Ministry of Health under the provisions of the National Health Service Act has remained materially the same as in previous years.

Poor Law Medical Aid Relief

Arrangements are made by the East Sussex County Council for the provision of medical assistance for those in poor circumstances.

Institutional Provision for the Care of Mental Defectives

The East Sussex County Council administer the Lunacy and Mental Deficiency services.

SECTION III

1. Re-housing

At the 1st January, 1949, the Housing waiting list consisted of 316 applicants and was reduced early in the month to 221. This was due to the circulation of the Ministry of Health Forms under their Circular 171/48. The results of which are as follows:-

Persons wishing to remain on the list	221
Persons wishing to be removed from the list	18
Letters returned by G.P.O. address not known, etc.	12
No replies	65
	316

These figures do not include the 75 families in requisitioned premises and huts which must be considered as temporary accommodation.

During the year 129 new applications were received.

The number of persons from the waiting list rehoused in either permanent or requisitioned premises was 35.

At the 31st December, the waiting list consisted of 295 applicants. Thus 20 applicants had been removed from the list as they had themselves found accommodation or had removed from the district etc.

The department's work in connection with rehousing includes the receiving of applications; pointing up under the Council's scheme and the continuous revision involved, preparation of lists of applications for the attention of the Selection Sub-Committee and the keeping of all records.

This involved 472 interviews, 821 letters, 82 inspections.

A large proportion of interviews and letters were in connectio with applicants anxious to obtain satisfactory accommodation and naturally wishing to know their position on the waiting list and how soon the Council would be in the position to give them a house of their own. This is readily understood especially where the applicant has been on the list for a considerable period. As is natural, the applicants only consider the matter from their own point of view and feel their case to be one in need of urgent consideration. However, when all cases are under review, the urgency of these particular problems may not prove to be so great.

2. Rodent Control

Survey and action as necessary in connection with rodent control has been continued during the year and for this purpose a part-time Rodent Operator gave four hours per day for six days each week under the supervision of the Sanitary Inspector.

A Free Service in respect of private dwelling houses has been in operation and has proved very successful owing to the co-operation of the occupants, who at once notified the department when rodents were seen on their premises and who gave every assistance when works were carried out or inspections made.

The survey has covered 110 roads, and 330 premises have been visited, resulting in 2 major and 96 minor infestations having been dealt with. The estimated kill was, 809 rats and 179 mice and 430 visits were made.

The Divisional Rodent Inspector has visited the district frequently and has expressed approval of the manner in which this work is being carried out.

From time to time various Council's sewers were inspected at various points and no evidence of rats was found.

The Council's house refuse dump has periodically been examined and when necessary action taken.

3. Petroleum

Attention has been given to the petroleum installations in the Urban District, supervision of the Council's equipment, use of petrol, the applications made for necessary permits, the ordering of petroleum and the necessary returns made to the Regional Petroleum Officer.

The number of licences issued was 13 for the storage of petroleum for the year and one in respect of cellulose

The number of inspections made in this connection was 29.

One installation was dismantled during the year and one new installation completed on the 31st December.

4. Milk

Of the four Producers of Milk in this Urban District, three hold licences for the production of "Graded Milk" - one "Tuberculin Tested" and two for "Accredited".

There are six Retail Traders, of which five were licenced for the sale of graded milks and the following licences were accordingly granted:

3 "Pasteurised" (sale only). 2 "Tuberculin Tested (Certified)"
3 "Tuberculin Tested". 1 Bottling and sale of "Accredited".
1 Bottling and sale of "Tuberculin Tested".

All premises were kept in a clean condition and were limewashed or cleansed at the stated periods.

5. Fried Fish & Chip Shops

The four Fried Fish & Chip Shops and one Mobile van have been inspected from time to time and found to be kept in a clean condition.

No complaints were received in respect of this trade.

6. Bakehouses

At the commencement of the year there were three bakehouses in the Urban District. The use of one was discontinued for this purpose during the year. These were kept in a clean condition and the necessary cleansing was carried out at the required times.

7. Ice-cream

Sampling and the frequent inspection of premises where ice-cream is manufactured or sold has been carried out during the period under review.

Five premises were registered for sale and storage of ice-cream during the year, making a total of twenty-four.

Ice-cream is manufactured in three establishments only, in one case by heat treatment and in the other two cases by complete cold mix.

57 samples were obtained and submitted for bacteriological examination with the following results:-

31 Grade I. 9 Grade II. 4 Grade III. 13 Grade IV.

This indicated that in accordance with official tests 40 samples were satisfactory.

Tests were also made for Coli 1/10 ml. 3 tubes; faecal coli and organisms per ml, which gave 31 samples as being satisfactory.

41 samples were also examined for fat content and the results showed a varied amount from 4.8%, being the lowest, to 12%, the highest.

8. Caravans

Three applications for the use of land as sites for moveable dwellings were considered. Two were granted licences under Section 269 of the Public Health Act, 1936 of which only one was approved under Town Planning. The third was rejected on the grounds that the type of sanitary accommodation proposed to be installed was not considered satisfactory, owing to the proximity to the Vale Road Housing Estate.

The licenced site approved under Town Planning, i.e., Hawth Hill, allowed for 75 trailer caravans. Although this was only partially in operation during the season, it had a deterrent effect upon indiscriminate parking of caravans in the Urban District and there was less trouble in this direction than in any of the post-war years.

9. Food

The following foodstuffs were found to be unfit for human consumption and in all cases were voluntarily surrendered:-

Blown, rusted or otherwise defective tins

39	tins Fish
26	tins Meat
12	tins Peas
125	tins Milk
4	tins Meat & Vegetables
18	tins Fruit
2	tins Spaghetti
11	tins Spaghetti in Meat Sauce
1	tin Sausages & Spaghetti in Tomato Sauce
4	tins Vegetables
7	tins Beans
1	tin Syrup
2	tins Orange Juice
1	tin Beef & Pork Spread
1	tin Crab Paste
1	tin Tomato Paste

9. Food (Continued)

Broken Bottles and jars

1 bottle Orange Squash
1 bottle Sauce
2 bottles Tomato Ketchup
1 jar Marmalade

Damaged by Water

3 lbs Sugar
28 lbs Winter Mixture Sweets

Out of condition

3 packets Dried Egg
9 lbs Cheese

Maggots

10 Geese
23 lbs Saysem
39 lbs Sayaghetti

Weevil

22 packets Barley Flakes
27 packets Barley Pudding Mixture

Mould

84 Fish Cakes
5 jars Pickles

Decomposition

117 Chicken and Fowls (246 lbs)
39 lbs Bacon
28 cwts. Potatoes
10 bottles Vinegar
4 bottles Tomatoes
6½ lbs Sausages
35 lbs Smoked Cod
31½ stone Herrings
2 stone Boiled Crabs
2½ stone Finnans
5 stone hake
4 stone Cod
1 bag shrimps
2 boxes and 3 stone Kippers

Contamination by Fire, Smoke, Ash, Sulphur dioxide and Carbon tetra chloride used by Fire Service

40 lbs Poultry
10½ lbs Rabbits

Meat

325 lbs Hind-quarter Beef
202 lbs Rump Loin and Flank
82 lbs Buttock
170 lbs Brisket
150 lbs Fore Ribs
133 lbs Chuck Bone/in.

164 lbs Chuck Bone/less
162 lbs Sheep
21 lbs Legs of Lamb
34 lbs Fore-quarter Mutton
15 lbs Breast of Lamb
13 lbs Ox tongues

10. Inspections

	Primary Inspections	Re-Inspections	Total Visits
Housing	54	27	81
Dairies	7	-	7
Food Shops and Premises ..	37	-	37
Food Condemnation	43	-	43
Shops - Ice-cream	63	-	63
Drainage, Nuisances	7	5	12
Drainage, Test on Request ..	1	11	12
Drainage, New Buildings etc.	73	52	125
Drainage, Cesspools	1	-	1
Disinfections on Request ..	4	4	8
Disinfections - Infectious Diseases	15	15	30
Inspections - Infectious Diseases	12	-	12
Inspections - Miscellaneous ⌘	37	2	39
Piggeries.	3	-	3
Dumps	2	2	4
Rodent Control	330	100	430
Bakehouses	7	-	7
Petroleum	29	-	29
Dustbins..	8	8	16
Cowsheds..	8	-	8
Factory Inspections	18	2	20
Fried Fish Shops	6	-	6
Public Conveniences	15	-	15
Rehousing Inspections	82	-	82
Caravans..	12	7	19
	874	235	1,109

⌘ Included in the Miscellaneous Inspections are private premises applying for catering licences, keeping of chicken, rabbits, nuisance from flies, etc.

11. Number of Notices Served

To secure the abatement of nuisances and housing defects the following action was taken:-

Number of Informal Notices served	33
Number of Informal Notices complied with (including those not complied with in 1948)	23
Number of Statutory Notices served	Nil
Number of Statutory Notices complied with	Nil

Regarding the 10 Informal Notices outstanding, works had been commenced in some cases and the remainder were served too late in the year to expect compliance.

12. General

This Report would not be complete without enumerating other essential matters, which naturally expend time but cannot be shown elsewhere:-

General letters, reports, returns, memoranda, etc. ..	557
Conference with Chairmen of Committees and Officers of the Council as necessary from time to time	174
Meetings attended	46

PREVALENCE AND CONTROL OVER INFECTIOUS AND OTHER DISEASES

INFECTIOUS DISEASES In all 256 cases of infectious diseases were notified in Seaford in 1949. The details are as follows.

Disease	Cases Notified	Cases admitted to Hospital	Deaths
Erysipelas	1	-	-
Measles	229	-	-
Pneumonia	4	-	-
Scarlet Fever	6	3	-
Whooping Cough	14	-	-
Poliomyelitis	2	2	1
Total	256	5	1

DIPHTHERIA

At first thought it may appear strange that priority in these notes on various infectious diseases is given to an illness of which there has been no case in the district since 1946. This will be seen to be less remarkable when it is remembered, firstly, that although at present of infrequent occurrence, diphtheria is an exceedingly dangerous illness and, secondly, that the present comparative freedom from the disease is due to large scale immunisation. The unremitting publicity campaign stressing the dangerous nature of the illness and the ease with which almost complete freedom from the possibility of infection can be obtained, has played a great part in making the large scale immunisation scheme a success.

Before the immunisation of children against diphtheria was introduced, throughout the country, approximately 50,000 children a year contracted the disease and each year 3,000 died. Immunisation reduces the risk to a child by 26 times, but the effect so far as this district is concerned has been practically to eliminate its incidence.

If the whole of the child population were immunised, all children treated as soon as they attained the age of eight or nine months, and care taken to insure that all children coming to reside in the district from other areas were immunised, then it could be assumed with reasonable safety that the present satisfactory position would continue and even improve. At the present time, approximately 85% of the children in the area under 5 years of age and 54% of those over 5 years have been immunised, which means that a certain proportion of the child population has no protection against diphtheria. It will thus be seen that it is most necessary that every effort should be made to persuade all parents of children not yet immunised to have this simple precautionary measure carried out at the earliest possible moment. This is being done and boosting doses and reinforcing doses are being given wherever possible to children as they reach the appropriate ages. It is therefore to be hoped that the present comparative freedom from the disease will be continued, and even increased, during the years to come.

ERYSIPELAS

Only one case of erysipelas occurred in the district during the year under review, which represents a considerable improvement on the number of five cases which was recorded in the preceding year. Modern drugs have rendered the treatment and cure of this illness a comparatively simple and straight forward matter.

MEASLES

An outbreak of measles occurred during the year under review and 229 cases were notified. Owing to the large number of schools in the area, the district is particularly liable to outbreaks of the infection on a fairly large scale, as the disease reaches the infectious stage before the symptoms become noticeable, and it is thus likely that a number of cases will occur at any school if one of the pupils becomes infected.

The disease took a mild form and no cases were sent to hospital. Since the war the character of the disease has undergone marked changes. There has been a rapid fall in fatality, the state of affairs in which nearly everyone contracted the illness once during their lifetime no longer holds, and there has been an alteration in the periodicity of epidemics. Before the war, particularly in the great cities, a year of high prevalence was followed by a year of low prevalence, although this periodicity was not quite regular and the epidemics in different areas did not occur in the same years, except occasionally. Since the war, the incidence of measles has only been 80 per cent of expectation and has been irregularly distributed. It is to be hoped that this lessening of incidence and severity will continue.

SCARLET FEVER

Six cases of scarlet fever were notified during the year under review. Three of these were admitted to the Isolation Hospital at Newhaven for treatment, the remaining three being treated at home. The cases which occurred were all of the mild variety and the recovery of the patients was mostly uneventful. There are three varieties of scarlet fever - toxic, septic and mild. The toxic type is an overwhelming intoxication and in the past twenty years has become extremely rare. The septic variety is occasionally seen, but is seldom of any great severity. The mild variety is a trivial intoxication, usually through the naso-pharynx though it may be from a wound or the reproductive tract, and is today the prevailing type. The reason for this state of affairs is not known and a possibility of a recurrence of the more severe types must not be discounted. At the time of writing it would appear that the prevailing type of the disease may change since cases of a more severe type have been seen in hospital recently.

WHOOPING COUGH

Fourteen cases of whooping cough were notified in the district during the year, all of which were treated at home. Although essentially a children's disease, no age is absolutely exempt from the ailment and the case of a woman of 81 years is recorded. Children of one or two years of age are most commonly attacked and the attack rate is almost negligible after the fourteenth year. The disease is almost entirely spread directly from patient to patient but is not disseminated very easily unless the contact is susceptible, and is brought into fairly close contact with a person already suffering from whooping cough. The attack usually, but not always, starts with a catarrhal stage, which is characterised by a dry, harsh, cough. The patient is out-of-sorts, apathetic and slightly feverish. There may also be catarrhal inflammation of the nose and running of the eyes. This stage usually lasts about ten days, the cough gradually becoming paroxysmal and more frequent, until finally the paroxysmal stage with the 'whoop' develops when the well-known attacks occur. They gradually become longer and

more violent until, usually after six or eight weeks, they begin to be shorter, less frequent and less severe. Mass experiments are at present being conducted to ascertain the efficacy of various vaccines against the disease, and it seems more than likely that a certain amount of protection can be provided by innoculation.

POLIOMYELITIS

Two cases of poliomyelitis were notified during the year under review. Both of these cases were treated in hospital and in one case the disease proved fatal. One of these cases, that of a girl aged 4½ years, was removed to the Infectious Diseases Hospital at Eastbourne and from thence to St. Mary's, Eastbourne. The case was a mild one, although complete recovery had not been effected at the end of 1949. The second case was that of a 32 year old man who contracted the Bulbar type of the disease and died at the Infectious Diseases Hospital at Eastbourne. Although very little is at present known about poliomyelitis there is no doubt that any delay in getting expert advice and treatment may make all the difference between recovery and paralysis or even death. It is essential that the popular name of the disease, infantile paralysis, is not allowed to introduce a misconception into the layman's mind. The incidence of the disease is by no means confined to infants nor is paralysis always one of the symptoms. August and September are the months during which the illness most frequently occurs and particular watch should be kept for it during those two months. Immediately it is suspected that a person may have poliomyelitis, the patient should be kept in bed and a doctor sent for at once. It is important that care should be taken to avoid any violent exercise, as experience has shown that patients who have taken strenuous exercise shortly before or after the initial symptons have been noted, have suffered especially severe attacks.

PNEUMONIA

Only four cases of pneumonia were notified in the district during 1949, a reduction of five cases in the total of nine notified during the preceding year. None of these cases were sent to hospital and all made good recoveries.

Pneumonia is not the once dreaded disease it was. The use of the sulphanilamide drugs and penicillin in its treatment has robbed it of most of its former terrors.

GENERAL

With the exception of the outbreak of measles which occurred in the district early in the year under review the incidence of infectious disease has been extemely light as, apart from measles, only 27 cases of infectious disease were notified.

The mildness of most of the cases is shown by the fact that throughout the year only five cases had to be admitted to hospital namely two of poliomyelitis and three of scarlet fever. One of the poliomyelitis cases unfortunately died, but with this exception the district has been free from fatalities brought about by infectious disease. Whooping cough has for some time been recognised as one of the most serious of the illnesses to which children are particularly subject but, here again, Seaford has experienced a very light incidence, as only fourteen cases were notified, none of which were sufficiently serious to be admitted to hospital.

All except a very small proportion of the population suffer from an attack of measles during their lifetime, usually in early childhood, and thus in a population of approximately 10,000 inhabitants, it is evident that a considerable number of cases are likely to occur each year. In actual fact more severe outbreaks usually occur in a district at approximately two-year intervals and 1949 was a higher-incidence year so far as Seaford was concerned.

Although the record of the district for the year has been a good one so far as freedom from infectious disease is concerned this state of affairs can only be maintained by constant watchfulness and the same co-operation between the Public Health Authorities, the medical practitioners and the public as has existed in the past.

TUBERCULOSIS

In 1949, Seaford had 12 new cases of Pulmonary Tuberculosis and two new non-pulmonary cases. There were four deaths from Pulmonary Tuberculosis. Details are given in the following table:-

1949 NEW CASES AND MORTALITY								
AGE PERIODS	New cases				Deaths			
	Pulmonary		Non-pulmonary		Pulmonary		Non-pulmonary	
	M	F	M	F	M	F	M	F
0	-	-	-	-	-	-	-	-
1	-	-	-	-	-	-	-	-
5	-	-	-	1	-	-	-	-
10	-	-	-	-	-	-	-	-
15	-	1	-	-	-	-	-	-
20	1	1	-	-	-	-	-	-
25	2	2	-	-	-	1	-	-
35	1	-	-	-	1	-	-	-
45	2	1	-	1	1	-	-	-
55	1	-	-	-	-	-	-	-
65 and upwards	-	-	-	-	1	-	-	-
TOTAL	7	5	-	2	3	1	-	-

The notification of 12 new cases of Pulmonary Tuberculosis in 1949 shews a welcome reduction as compared with the 16 new cases notified in 1948. It is, however, higher than the numbers of six, nine and eight recorded in 1945, 1946 and 1947 respectively.

Of the 12 new cases notified in 1949, four were of individuals who came to Seaford from elsewhere. It has been remarked before that some sufferers from the disease come to Seaford in the hope of improving their condition. The health-giving air of Seaford certainly helps in general constitutional improvement. In former years I have noted that a few cases came when improvement was well nigh impossible since they were in the last stages of the disease and came too late. Others who came in the early stages of the disease benefited. Consideration might be made by the responsible authority of the establishment in Seaford of a sanatorium for early cases.

The incidence for 1,000 population of the eight new cases of Seaford residents notified in 1949 as sufferers from pulmonary tuberculosis is 0.8 which is below the incidence in the Country as a whole.

Four deaths from the disease in 1949 gives a death rate of 0.4 for 1,000 population which is slightly above the average death rate in Seaford for pulmonary tuberculosis for the last five years, but well within the rate one can reasonably expect.

Only two new cases of non-pulmonary tuberculosis were notified during the year under review. About fifty years ago cases of this kind of tuberculosis were more numerous than today. The improvement in the milk supply and source insofar as pasteurisation, elimination of tuberculous cattle are concerned, has reduced the number of cases. There were no deaths in 1949 from non-pulmonary tuberculosis.

There are no well-defined means for either the absolute prevention or cure of all tuberculosis cases and the present methods of controlling the disease are mostly in the nature of palliatives. Good housing and proper feeding are essential weapons in the defensive armament, while conditions of strain and nervous tension increase vulnerability. A large scale study of the various factors of malnutrition, insanitary conditions and overcrowding has shewn with remarkable clarity that of all the various factors concerned, overcrowding has the most important effect on the incidence-rate of tuberculosis. This is a point which must be borne in mind continually by Health Authorities, who must make every effort to increase available housing accommodation wherever possible and to make the most effective use of all available premises.

Immunisation against the disease has been started in this country. The immunising material is B.C.G. vaccine. Cases have been and will be carefully selected for this form of protection. Usually they are children who are exposed to tuberculous infection through being in contact with one or more of the family with the active disease. With the immunisation of the child should be the removal of the source of infection, that is, the sufferer should be segregated.

The vaccine which is infected in droplet dose into the skin of the arm does not cause tuberculosis. It does not cure it but it does prevent it. In Copenhagen where this form of prevention has been in use for some years, amongst the thousands of children vaccinated none have contracted tuberculous meningitis. The incidence of the latter had been previously comparatively high. Tuberculous meningitis in a child is nearly always contracted through contact with a case of pulmonary tuberculosis.

A recent development in the treatment of pulmonary tuberculosis has been the use of para-aminosalicylic acid (PAS) in conjunction with streptomycin.

A major disadvantage in the use of streptomycin in the treatment of the disease has been that streptomycin-resistant strains of tubercle bacilli have emerged after five or more weeks of treatment. Accordingly, trials were commenced in 1948 in an endeavour to ascertain if the addition of another tuberculostatic agent might be sufficient to suppress the resistant strains.

Although the type of case so far treated has been limited to acute rapidly progressive bilateral pulmonary tuberculosis of recent development, unsuitable for collapse therapy, in young adults aged 15 to 30, the results so far achieved have been encouraging and have demonstrated that the combination of PAS with streptomycin reduces considerably the risk of development of streptomycin-resistant strains of tubercle bacilli during the six months following the start of treatment.

Trials are still progressing and it is to be hoped that similar results will prove to be obtainable in other forms of tuberculosis amenable to streptomycin therapy.

CLIMATE

The following meteorological statistics were recorded at Seaford during the year 1949:-

Month	Temperature			Rainfall		Sunshine	
	Mean °	Max. °	Min. °	Total Ins.	Heaviest Ins.	Average Hours	Total Hours
January	42.9	53	30	1.25	.4	2.72	84.3
February	42.5	53	23	1.06	.51	4.92	137.8
March	41.7	61	27	1.19	.62	4.28	132.6
April	49.7	71	31	1.22	.37	7.39	221.6
May	51.7	65	35	1.56	.61	8.36	259.1
June	57.3	78	39	.81	.61	8.45	253.4
July	63.9	84	49	.22	.15	8.98	278.4
August	63.1	77	49	1.38	.41	8.13	251.9
September	64.3	83	50	2.20	.70	6.19	185.7
October	56.3	70	31	8.27	1.73	4.44	137.6
November	46.1	58	29	3.29	.51	3.20	95.9
December	44.6	54	27	1.82	.30	2.24	69.5
Average	52.0		Total	24.27	Average	5.77	Total 2107.8

The figures of 52° mean temperature and 2107.8 hours of sunshine recorded throughout the year are high and compare favourably with those of 50.82° and 1760 hours which are the average figures throughout the year for the whole of England and Wales.

A study of the table shows that in addition to presenting totals which are satisfactory for the year as a whole, the distribution of temperature, rainfall and sunshine was also good. There were no extremes in the climate of the district, which is bracing and invigorating.

The area is not too sheltered by trees but the downs afford shelter from north and east winds, and, as the town stands on chalk and flint, the site is dry.